

THIS WEEK'S BANNER OF HOPE ---

“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying, ‘I will try again tomorrow’ ”

ADULT MENTAL HEALTH

Partnership to Renovate Hill House

The Department of Mental Health (DMH) has successfully partnered with the Vermont Housing and Conservation Trust (VHCB), Addison County Community Action (ACCAG) and Counseling Services of Addison County (CSAC) in the planning and financing of a necessary rehabilitation of Hill House. Hill House is an integral Transitional Housing Project that serves chronically homeless individuals with histories of hospitalizations and mental health/substance abuse co-occurring treatment needs in Addison County. The extensive renovation and rehabilitation project will take approximately four months. Current residents will be relocated during that time and consumers will form an advisory committee to consult with contractors on various aspects of the project. This is a fine example of the partnership between VHCB and DMH to maintain community housing resources.

Crisis Bed Program Update

Northwest Counseling and Support Services (NCSS) is in the final phase of development of a two-bed crisis stabilization/inpatient diversion program, and plans a test run of the service this week. The program is located in a freestanding three-bedroom house in a residential neighborhood in downtown St Albans. Two full-time crisis clinicians have been hired. CRT Program outreach and support will be provided by a peer employee, Keith Martell, who joined the agency staff earlier this year.

As part of its planning, NCSS has partnered with a consumer/consultant who will assist in identifying policy or programmatic issues that may need to be fine-tuned prior to full implementation. NCSS staff members are excited and optimistic that collaboration across systems will be strengthened through this new community resource and that the ultimate measure of the program’s success will lie in the lives of people who are helped.

Northeast Kingdom Human Services (NKHS) also reports progress toward implementation of its crisis bed program. The physical setting and office are organized and operational. Five people to staff the program have been hired to date. Four are full-time, one is relief staff; it is anticipated that there will be one part-time staff hired for weekend coverage. Staff are certified in CPR and First Aid as well. The staff have also spent time cross- training in different departments within the agency broadening their understanding of the needs of persons who may be served in the program. They look forward to serving their area consumers initially as they phase into full program operations.

Alternative Transport for Adults Entering Involuntary Hospitalization

Within the next three weeks, Washington County Mental Health and HowardCenter will both be initiating new transportation programs. These programs are specifically designed to transport people who, having been deemed in need of mental-health treatment and at risk of harm to self or others, are being sent involuntarily to a psychiatric hospital. This transportation is categorized non-secure, as people will be transported without handcuffs and shackles, in an unmarked vehicle, with trained transporters. Currently Sheriffs' transport is the most commonly used means of transport for involuntary hospitalization throughout most of the state. These two non-secure transport teams are in development and will be completing training on safety protocols over the next few weeks. The goal is to have full teams trained and ready by September 1, 2007.

Each person requiring transport to an involuntary setting will be assessed by emergency clinicians for alternative transport. If it is deemed appropriate, the non-secure transport team will be called and the client will be transported in a vehicle with two transport team specialists. Data will be collected to measure the effectiveness and experience of this new program, which is funded by the Department of Mental Health to meet the legislative mandate requiring that persons entering involuntary treatment be transported in the least restrictive means of transportation possible given safety concerns.

Another \$20,000 Grant from SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded Vermont another \$20,000 grant under its New Freedom Initiative for State Coalitions to Promote Community-Based Care. Funding from this grant program has supported the work of the multi-stakeholder Clinical Practices Advisory Panel (CPAP) for about the past year and a half, and the new grant will be used to continue CPAP's work in making recommendations regarding how evidence-based practices should be implemented in Vermont. To date, CPAP has made recommendations on three evidence-based practices: Illness Management and Recovery, Dialectical Behavioral Therapy, and Integrated Dual Disorder Treatment. The Vermont Council for Developmental and Mental Health Services will coordinate the activities of the panel over the next year.

CHILDREN'S MENTAL HEALTH

Legislative Study Group on Success Beyond Six

Charlie Biss from Children's Mental Health and Deborah Quakenbush from the Department of Education have been appointed as co-leaders for a legislative study group on the Success Beyond Six initiative. A workgroup of 15-20 people from diverse backgrounds will participate in four meetings to prepare the response from the Agency of Human Services and the Department of Education to a legislative charge in the last session's appropriation bill. The charge to the study group is to ensure that expenditures through the Success Beyond Six funding mechanism:

- utilize best practices,
- yield positive outcomes, and
- are managed to a predictable rate of growth.

The implications of this work are significant. In FY 2007, Success Beyond Six allowed Vermont's mental health designated agencies to serve over 4,000 students through contracts totaling \$30,043,934 with 1/3 general fund match from Local Education Agencies and 2/3 from

mental health's fee-for-service Medicaid. The work for the study group essentially involves establishing program parameters around flexible school-based services for a popular initiative that originally developed as a funding mechanism.

Meetings will run from August 30 to November 1. A report on recommendations is due to the House committees on education and on human services and to the Senate committees on education and on health and welfare by January 15, 2008.

FUTURES PROJECT

Crisis Beds Implementation – Round II

The deadline for proposals to develop up to six new crisis beds is September 7th. Proposals will be presented at an open forum on October 2nd in the Skylight Conference Room at the Waterbury State Complex. Presentations to a Department of Mental Health review panel begin at 1:00 p.m., followed by a public hearing from 4:00 to 5:00 p.m.

After receipt of applications, DMH will review the proposals to check for inclusion of all required information as specified in the RFP. Applications ruled complete will be posted on the Web site and open for public comment from September 21 to October 12. These comments, the review panel's recommendations, and feedback from the public hearing all will be provided to Commissioner Michael Hartman. The Commissioner will approve selected proposals and grant Certificates of Approval by October 26th.

An initiative of the Futures project, development of crisis bed programs will augment crisis services at the community level, diminishing the need for hospital admissions.

Corrections Inpatient Work Group

Psychiatric hospitalization criteria apropos to Corrections was presented to the work group as a recommendation of its subcommittee. Based largely on the hospital admission criteria for all other citizens of Vermont, the issues concerned how to interpret and apply the criteria, set in law, to assure appropriate access to inpatient psychiatric treatment by residents of correctional facilities. As revised by the work group, the draft hospitalization criteria will be shared with Emergency Services directors to obtain their perspective on applying the language by screeners familiar with existing criteria. The clinical guidelines for both involuntary and voluntary hospital admissions for Corrections is fundamental to the task of reviewing data from the recent past and estimating the inpatient psychiatric capacity to plan for Corrections.

Futures Advisory Committee

The committee met for the last time on July 23rd, focusing on architectural considerations for inpatient programs and the Rutland Regional Medical Center's proposal for re-design of available space to enhance and expand their capacity as a potential successor program to the Vermont State Hospital. The Advisory Committee's discussion of these topics is in the minutes, which are posted on the Web site.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Peer Program

A Peer Conference on co-occurring conditions (mental illness and substance abuse) will be held at the Cortina Inn in Killington on September 28, 2007, from 9:30 a.m. to 4 p.m. Gary Stromberg will be the keynote speaker at the conference. Mr. Stromberg is the co-founder of Gibson and Stromberg, a large and influential music public-relations firm of the 1970s; he has worked with celebrities who include Muhammad Ali, Barbra Streisand, the Rolling Stones, and Elton John. Mr. Stromberg also produced the hit movie *Car Wash*. But he says that his addiction to alcohol and drugs cost him his career in 1980.

Today Mr. Stromberg runs The Blackbird Group, a small public-relations company in Westport, Connecticut. He recently co-authored *The Harder They Fall: Celebrities Tell Their Real-Life Stories of Addiction and Recovery* (Hazelden), and now has a newer book titled *Feeding the Fame: Celebrities Tell Their Real Life Stories of Eating Disorders and Recovery*. Stromberg and his partner tell some of the stories of redemption that famous people have to tell; he also weaves in tales of his own substance abuse. Mr. Stromberg lives in Connecticut with his partner and two children. He serves on the Board of Directors of Positive Directions, a center for prevention and recovery.

Workshop topics at the conference include:

- Vermont Highlights: *Vet to Vet of Vermont* and *Public Inebriate Programs* as peer support models
- Mary Ellen Copeland's *Wellness Recovery Action Planning* (WRAP) for mental health and substance use conditions
- Medication-Assisted Recovery
- Ethics and Boundaries for Peer Service Providers
- Co-occurring 101
- Basics of sensitivity, crisis intervention and de-escalation for peer providers
- Adolescents and Co-occurring conditions

There will also be a Think Tank Session:

- Models of Peer Certification and Credentialing: How do they fit in the workforce development plan?

VISI Training Opportunities

- Module 2 of the VISI Co-occurring 101 training for PATH providers and Recovery Center support staff will be on August 24 from 10 a.m. to 1 p.m. at the Vermont Technical Training Site in Randolph.
- On October 12, VISI will be sponsoring the keynote speaker and several workshops at the Valley Vista Conference on Co-occurring Disorders at the Lake Morey Inn. The keynote speaker will be Terence Gorski, an internationally recognized expert on substance abuse, mental health, violence and crime.

VISI Meetings

There will be a Workforce Development meeting on Friday, August 17 from 9:30 to 11:00 a.m. at the Cyprian Learning Center in Waterbury. This committee is establishing a subcommittee to analyze the options regarding co-occurring credentialing.

VISI Resources

For more information about the meetings discussed above or to join the committees please contact Paul Dragon at 652-2020. Also, for more information about VISI, check out the VISI website at <http://healthvermont.gov/mh/visi/index.aspx>

The consumer brochures on co-occurring disorders are now available. They are a great way to provide basic information to people in need of services. If you are interested in receiving these brochures, please contact Paul Dragon.

VERMONT STATE HOSPITAL (VSH)

U.S. DOJ Inspectors Issue Second Compliance Report on Vermont State Hospital as part of Memorandum of Agreement

The second compliance report by United States Department of Justice (DOJ) inspectors was released today as part of an agreement between the DOJ and the State of Vermont.

The report concludes that Vermont State Hospital in Waterbury has made significant progress since the first compliance visit in October 2006. The report also identified areas for continued improvement such as rehabilitation, treatment and documentation of care.

The second compliance visit was conducted in June 2007 by the two clinical experts (Dr. Mohamed El-Saabawi and Dr. Jeffrey L. Geller) appointed by the DOJ to assess the state's ongoing efforts. A third compliance visit is scheduled for October 2007.

"The staff at Vermont State Hospital should be pleased with the outcomes so far. We are very committed to staying focused on the fact that this is an ongoing process and we need to sustain our efforts," said Mental Health Commissioner Michael Hartman. "The investments the state has made in the facility are paying off, including improvements to the physical plant that have earned us praise during both compliance visits."

The State of Vermont was noted for making significant progress in many areas including treatment planning, protecting patients from harm, incident management and quality improvement. Areas that were found as needing continued improvement included rehabilitation assessments, increasing patient participation in the discharge process, and adequate psychological rehabilitation services.

A report of findings and recommendations was first issued from the DOJ on July 5, 2005 following a three-day, on-site inspection by DOJ officials in September 2004.

Over a four-year period, Dr. El-Saabawi and Dr. Geller, along with DOJ attorneys, will regularly assess the state's ongoing efforts to maintain and improve the safety of the physical environment, as well as the state's ongoing efforts to maintain and improve the quality of the care, treatment, and planning for discharge of patients.

Since the first report of findings by DOJ in 2005, the Douglas Administration has substantially increased funding, increased staffing, and increased support for both the facility and the employees at Vermont State Hospital. The state also signed a multi-year clinical services contract with Fletcher Allen Health Care, the state's largest hospital, in June 2005 to enhance clinical care, treatment, recovery and quality assurance.

“The DOJ reports are very important to us because it is a report on the ability and commitment of all Vermonters to address the needs of mentally ill persons,” Hartman said. “We will continue to move forward to assure that they have the care necessary for recovery and a successful return to employment, family and friends.”

The Department of Justice assessment report is posted on the Health Department’s website at <http://healthvermont.gov/mh/programs/hospital/index.aspx>

VSH Implements Automated Event-Tracking System

VSH has begun implementation of QUANTROS, a comprehensive electronic event self-reporting, tracking, monitoring and workflow management solution. The system gathers data provided by staff to identify safety issues and track intervention performance in real time. QUANTROS helps healthcare organizations improve patient care and safety while reducing risk. The benefits include:

- Simple, intuitive electronic enterprise-wide data entry for event self-reporting
- Built-in, comprehensive standard and ad-hoc reporting capabilities
- Real-time data-driven decision support, enabling rapid time to action
- Root cause of near-miss and adverse events, enabling earlier intervention
- Real-time notification to designated stakeholders via e-mail, cell phone or pager
- Performance analysis against over 300 facilities on multiple data levels
- Supporting multiple state and external organization submission and reporting activities

A planning team, led by IT, is currently being trained on the system’s functionality and use. Full deployment for use by all VSH staff is on target for September 2007.

Staffing Analysis

Throughout the months of June and July 2007, VSH direct-care staff (nurses and psychiatric technicians) participated in a staffing analysis to determine how staff time is utilized during an eight-hour shift. The staffing analysis tool was developed by a core group of Brooks One evening shift nursing staff and nursing leadership. The tool was piloted successfully on three Brooks One evening shifts and then was implemented on all three units and all three shifts. Data were gathered from all direct-care staff over three eight-hour shifts (two weekday shifts and one weekend shift) in categories of patient care, safety and security, medication, group activities, patient meals, housekeeping, unit management, chart review, documentation, meetings and breaks. The results of this data collection show that the majority of VSH’s direct-care staff’s time over an eight-hour shift is focused on direct patient care, to include safety and security and group activities. This information confirms VSH’s strong commitment to patient care and the continuous support of patients as VSH modifies practices to increase active patient treatment.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 44 as of midnight Monday night. The average census for the past 45 days was 47.5.